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FCETUS EXTRA UTERUM  
HISTORIA.

CUM

INDUCTIONIBUS QUÆSTIONIBUSQUE  
ALIQOT SUBNEXIS.

ACCEDUNT PORRÒ

TABULÆ EXPLANATRICES,

CUM

TABULIS ITIDEM LINEARIBUS,

SUBSIDIARIÆ ILLUSTRATIONIS ERGO,

SUPERADDITIS.

---

AUCTORE

HENRICO KROHN, M. D.

COLLEGII REGALIS MEDICORUM LONDINENSIS DIPLOMATE

PERMISSO,

NECNON IN NOSOCOMIO MIDDLESEXENSI

MEDICO OBSTETRICIO.

LONDINI:

TYPIS GULIELMI BULMER.

VENALES PROSTANT APUD G. NICOL, BIBLIOPOLAM REGIUM,  
IN PALL-MALL. M DCC XCI.







COLLEGIO REGALI MEDICORUM

LONDINENSI

ILLUSTRISSIMO,

HOCCE PEREXIGUUM QUALE QUALE OPUSCULUM,

IN SUMMÆ OBSERVANTIÆ TESTIMONIUM,

HUMILLIMUS OFFERT

HENRICUS KROHN.







## PROLEGOMENA.

SEQUENTIS phænomeni Historia, quæ typis vulgatu haud indigna, uti spero, videbitur, hominum curiosorum oculos publicè sollicitat, utpote quæ inter rariora locum occupet, exemplum utiquè in medium proferens à communi naturæ ordine quàm longissimè aberrans, concepti nempe foëtûs ab uteri cavo alienum prorsùs sibi situm vendicantis. Etiam si verò hujusce rei narratio nè quidquam fortasse subministratura sit, unde planè et definitè elucescat, quâ scilicet ratione similem foëtûs situm recognitum distinguamus, aut quo insuper pacto, si similis reverà sit, certum aliquod judicium in promptu habeamus, quo demùm duce, vel matris vita, vel infantis salva evadat, nihilo tamen minus unumquodque istiusmodi exemplum, quatenùs devia naturæ diverticula depingens, memoriâ certè apprimè dignum est, atque rerum itaque medicarum annalibus haud immeritò debetur, quippe quod, facem quasi prætendens, nonnihil forte lucis utiliter emittat, quâ nimirum ipsæ conceptionis leges, tenebris hodiè undequaquè obvolutæ, clariùs quodammodò illustratæ, tandem manifestiores enotescent.

## NARRATIUNCULA HISTORICA.

ANNA THORNLEY, (ad cujus historiam potissimùm spectantia jam sum recensurus) erat plùs triginta annos nata, paulùm staturâ brevis, atque nonnihil corpore delicatula, cui maritus vir plebeius operariam artem exercens. Gravida quidem facta, post decem hebdomadas penè elapsas, abortum passa est, mense scilicet Aprili, anno MDCCXXXVII. Hoc ante tempus haud



unquam foetum in utero gestaverat. Valetudine huic exindè minùs integrè cedente, tussis, aliaque debilitatem indicantia, ægrotam demùm agitârunt symptomata, cujusmodi sunt sequentia : digestio videlicet labefactata ; appetitus prostratus ; frigoris sensus extremas corporis partes abdominisque pariter viscera invadens ; vigiliæ ut plurimùm noctu, necnon et delirium ; interdium somnus prorsus irrequietus. Quæ res, eâ saltem suspicante, ex hâc funditùs radice germinâsse videbantur, quòd videlicet tum nutrimenti necessarii, tum medicamentorum defectu laborâsset, quòdque etiam desideratâ nutricis manu adjutrice caruisset. Menses equidem illi satis periodici fluxerunt ad initium usque anni MDCCXC, ab usitatis tamen, hâc observatrice, quoad colorem mutati. Mense verò Maio, anno percurrente eodem, catameniis per aliquod tempus suppressis, seipsam gravidam esse huic in suspicionem venit. Adversâ autem valetudine mox ingravescente, sese tandem, secundo scilicet Junii die, nosocomio *S<sup>ti</sup> Georgii* curandam commisit, cujus benefico domûs hospitio ad decimum usque sextum ejusdem mensis diem utebatur, è quâ tunc demum propriâ omninò sponte suoque etiam ipsius efflagitatu dimissa migravit. Migranti verò hoc denique ei faciendum commendabatur, ut fomenta nempe domi è floribus chamæmeli et cicutæ confecta, tam quidem calefacta quàm præ dolore toleranda forent, abdomini applicanda usurparet. Isthæc igitur satis præscripto obedienter fecit ; multumque exindè levaminis quamdiù incaluit fatus, ei depromptum videbatur, sed, refrigerante corporis calore, iidem tandem dolores sensim relapsi ingruiebant. Die Mercurii, decimo scilicet octavo mensis Augusti, ad nosocomium, quod apud Londinenses *Middlesex* appellatur, admittenda confugit, quam utiquè in hocce receptam tunc temporis hujusmodi potissimùm exercebant molestiæ : urina nempe suppressa ; alvus constipata ; ponderis quasi gravantis sensus, necnon et doloris ac repletionis itidem cujusdam circa inferiorem abdominis partem. Ad hæc ;— pulsus erat celer, cutis calida atque arida, lingua alba, sitis gravissima. Urinam suppressam catheter usurpatus sublatum ibat ;— Clysmata injecta corpus solutum satis præstabant ; refrigerantia porrò atque opiata fuerunt administrata ; atque hoc insuper ei erat in primis mandatum, ut seipsam scilicet, quantum fieri potuit, recumbentem contineret. Quam quidem mendi viam insistendo mox meliusculè se habebat, ac, paucis elapsis diebus,



urina tandem huic spontanea fluebat. Hoc ipso tempore, manu abdomini appositâ, quodpiam insigniter ampliatum ad umbilicum usque se extendens distinctè persentiebam, diversum verò, planè diversum à circumscriptâ et definitâ istâ intumescentiâ, cujusmodi apud ultimis mensibus gravidas, qualem sanè nostra suspicando se ferebat, videre est. Abdomen tangenti durum, tensum atque firmum, idque verò præsertim latus sinistrum versus exstabat. Tumor apud umbilici regionem manui prementi cedebat, id quod pro certo quodam fluidi intùs collecti indicio habui. Quùm verò *per vaginam* examinaturus jam memet accingebam, aditum istum perlongiùs productum scrutando inveni, parsque ejus posterior os pubis adèò coarctabat, ut mihi prorsùs impedimento erat, quo minus uteri cervicem pertingerem, levissimo vel digiti nisu summum dolorem excitante. Animum inde attentum ad os sacrum dirigens durum et circumscriptum quid tumefactum præstò exploranti aderat ad perinæum vergens, quod moveri quidem recusavit, manu saltem tam vehementer premente, quàm (consideratâ irritabili atque morbosâ partium affectarum conditione) prudenter facientis esse visum est.

Septimum nunc mensem, ipsâ supputante, annumerabat, ex quo gravida primùm facta est; per decem verò hebdomadas jam proximè antecedentes internum foëtûs motum nè unquam quidem sensus perceptum habuerant; istiusmodi autem motus illud ante tempus percepti, quid in utero vivum esse jamdudum abundè testati fuerant. Ipsius mammæ, quæ firmæ satis turgidæque antehàc prominebant, nunc demùm subtenues flaccescebant: fuscus item nigricansque color areolas cinxit, uti fit in primiparis. Has denique res collectas in judicii nostri trutinâ librando, atque mecum simùl de ipso tempore, quo sibi in utero gestâsse videbatur, nonnihil subdubitando, eamque suis proinde ipsius conjecturis fortassè deceptam existimando, non possum tandem ingenuus non confiteri (quantumvis nonnulla intereà extiterint phænomena quæ enodatè quidem explicare ingenii nostri vires penes non erat,) memet, tamen nescio quomodo, retroversum uterum suspectum habuisse.

Die Saturni vicesimo octavo, quo scilicet tempore jam postrema examen subivit, tumor, figurâ pristinâ subrotundâ mutatâ, formam nunc ovatam



induebat. Illam quoque ob pressum perinæum haud modicus simul urgebat cruciatus, quem doloribus istis foëmininis deorsum gravantibus ipsa assimilem comparavit. Pulsus acceleratus (in sexagesimâ horæ parte) ictus reddebat 150. Quæ demum cum ita essent, mors haud procul distans expectanda videbatur. Die tandem Lunæ mox instante, horâ circiter decimâ matutinâ, obiit.———Vesperis corporis defuncti facta est

## DISSECTIO ANATOMICA.

Ex abdomine inciso liquidum quid sanguineum copiosè statim prorumpens effluebat. Intestina ex lymphâ coagulâtâ superfusâ alia aliis passim adhærebant. Minutulum quid tuberculi formam gerens ex uteri fundo eminebat, aliudque tuberculum quoque grandiusculum superius et anteriùs ex ipso uteri corpore excrescebat. Omentum visceribus contiguis semet tenaciter connexum habebat, necnon et tuberculo quod ad anteriorem uteri partem cernere erat. Uterus amplitudine adauctum sese exhibuit, et ad umbilicum usquè pertingebat, cujus insuper superficiem internam membrana decidua satis manifestò coopertam habuit. Quinetiam saccus extitit, qui, ex discolore lineâ transversim currente, bipartitò cavus suspicando videbatur, id quod ex Tabulâ I, Tabulâque itidem lineari annexâ, inspectis faciliè et explicatiùs patebit. Ligamenta lata et rotunda dextrorsum satis conspicua extiterunt, nihilque omninò à communi naturæ consuetudine alienum manifestârunt. Dextrum porrò ovarium perscrutando indagare haud facilis erat laboris, quo tamen demum peracto, idem præter solitum minutum observabatur. Ligamenta ad sinistrum uteri latus minùs conspicua extiterunt; tubam verò Fallopianam ad hoc uteri latus per superiorem et posteriorem ipsius sacci partem trajicientem oculis faciliè perspectam habuimus, eademque ad dextrum sacci latus procurrens illuc sensim minùs minùsque visibilis tandem evanida omninò evasit. Ovarii sinistri nè minima quidem vestigia quàm diligentissimè indagando cernere erat. Vesica examinata vacua prorsus urinâ carebat. Superiore sacci parte incisâ, (quæ quidem cæteris partibus tenuior, magisque fusca apparuit) fluidum aliquantulum



sanguineum subito exindè effundebatur. Vide Tabulam II, appositamque Tabulam linearem.

Incisione mox majore factâ, saccus, (qui bipartitò cavus, ut suprâ diximus, suspicando videbatur) jam unicè cavus tantummodò compertus fuit, in quo foetus, septem circiter menses adeptus, inclusus latebat. Foetus occiput ex adverso matris ilei sinistri adsitum erat. Mentum ejus sine maxilla inferior, quod in longitudinem insolitam productum fuit, os sacrum osque pubis inter, cunei instar, infixum hæsit. Nates foetus è regione dextri matris ilei positas intuebamur, illiusque pedes vaginam versus deorsùm tendebant. Ipsa manus illius per inferiorem dextræ maxillæ partem extensa, cum digitis ejusdem pone aurem positis, adjacebat; quæ Tabula III. repræsentata habet, necnon et Tabula linearis.

Foetus, quoad sexum, foemineus erat, qui trutinæ commissus libras quatuor et dimidiam pondere æquavit, illis scilicet ponderibus usurpatis, quæ dicta sunt *Avoirdu pois*. Cuticulam, quæ albissima quidem observabatur, albidum spissumque quid sebaceum obducebat. Saccus, qui foetum inclusum continebat, nulla membranarum vestigia distinctè videnda exhibuit, si ea saltem excepta habeamus, quæ in exiguâ ejusdem portiunculâ apparuerunt: in cæteris locis texturam planè uniusmodi, perquam verò crassitudine spectabilem, præ se ferebat. Portio quædam exigua extremæ placentæ sub natibus apparuit juxta marginem pelvis. Placenta, quæ fuit enormiter ingens, in ossis sacri cavo erat præcipuè sita. Vasa, quibus connectentibus foetus systematis materni commercio fruebatur, adeò minutula atque paucula extiterunt, ut non potuerimus non mirari, unde sat nutrimenti quoquomodo huic suppetitata advenisset, ex quo demùm in tantam corporis molem accreverat.

Tuberculum majusculum supradictum, quod ad anteriorem corporis uteri partem videre fuit, (sicut Tab. I. II. et IV. unâ cum Tabulis linearibus repræsentatum exhibent) neutiquam cavum, examine tandem facto, evasit: nullâ quippe in re ab ipso quidem utero, quoad texturam, absimile videbatur.

Fuerunt nimirum cadaveris dissecti spectatores, qui arterias spermaticas amplitudine auctas voluerunt; aliis verò presentibus quandoquidem alia prorsus arrisit sententia, arteriæ spermaticæ, ut probabile est, vel nullâ, vel saltem tantillâ fuerunt amplitudine auctæ, ut à naturali earundem statu perexiguo tantum intervallo distarent.

## GENERALIA QUÆDAM INDUCTA.

QUONIAM nihil in utero ruptum, nullumque ovarii sinistri vestigium, indagine quidem ad amussim factâ, observandum extitit, ea propter dari videtur, unde legitimè satis illatum eamus, ovum scilicet fœcundatum evasisse idque nullo ab ovario divortio ejusdem facto; atque saccum porrò, in quo fœtus inclusum se habebat, ipsissimum fuisse ovarium, nimiâ tantummodò magnitudine gaudens, et enormiter adeò incrassatum ex simili fortassè quodam perinde facto ac in utero gravido fieri solet, quod demum, ob magnitudinem illius acquisitam, uterum sursum traxisse visum est ad ipsum usque locum, quo situm examinantes aspeximus.

Uterus ipse amplitudine adauctum sese in conspectum dedit, cujus insuper superficiem internam membrana decidua satis manifestò coopertam habuit, id quod opinionem à celeberrimo Doctore Gulielmo Hunter olim prolatam quadantenus stabilire videtur: nempe, membranam deciduam aliquodpiam duntaxat esse ex organis maternis puerperio inservientibus penitus conformatum, quæ, conceptione in quâcunque systematis uterini parte inchoatâ, mox ex evoluto quovis produci solet, augescente uteri deinde mole.



N.B. OMNIBUS enarratîs, quæ mentione digna in propatulo esse videbantur, haud sum ex supra memoratis talia anticipando jam deducturus, qualia, scio, eruditi expertique omnes suo quisque judicio exindè facilè deducta habebunt : id tantùm à me denique observatum esto, hoc ipsum videlicet, de quo verba feci, ex istiusmodi phænomenis unum esse, ubi naturam præter solitum errantem, videmus, atque ubi porrò errores suos corrigendi nè capax quidem evadit, quin vel matris interitus superveniat necesse sit, id quod profectò nostræ mulieri accidit, vel infantis, id quod non rarò evenisse compertum est, ubi fœtus, post longum temporis intervallum, ex ulcere quodam in umbilico aut intestino recto disrupto tandem eliminatus exivit.

Quandoquidem verò nostri nequicquam est propositi, ut, supradictis fundamenti loco utendo, theoriam indè extruere properem : operæ tamen pretium duxi quæstiones pauculas, hujusce occasiunculæ ansâ prehensâ, propositas breviter attexere, quibus fortè sagaciora quædam ingenia expergeficiam, atque, velut indito stimulo, excitem, ut in hoc pulvere mecum desudantes seipsos tandem ad generationis leges paulo diligentius et penitiùs indagandas accingant.

## QUÆSTIONES.

1. AN hujuscemodi phænomena in brutis animalibus sæpenumerò videnda occurrant? et, si hæc ita re ipsâ sint, quænam est eorundem species, atque in quibusnam porrò frequenter maximè observata sunt?

2. An tale quid phænomenon usquam gentium memoriæ proditum est, ubi fœtus itidem tantâ corporis mole gaudens in ovario repertus fuit?

3. Pone tale quid phænomenon, consimilibus prorsùs symptomatibus indicatum, sese deinceps in conspectum daturum esse, (quandoquidem pro concessio sumendum videtur, vitam scilicet infantis salvam evadere non posse, ipsamque etiam matris, ut probabile est, in eâdem periculi aleâ perinde fore

versatam, si nihil demùm tentatum præstò esset in hujus aut illius conservationem) ecquid tandem prohibet, quo minus ad ovarii incisionem faciendam et ad foetum inde educendum nosmet accingamus?

4. Ex hujusce phænomeni historiâ aliisque id genus memoratis, ubi foetus in ovario post mortem repertus fuit, nonne legitima nobis inferendi ansa conceditur, ovarium scilicet ipsissimum locum esse, in quo conceptio fieri solet; utero autem receptaculi officio duntaxat fungente, in quod tenella quidem proles, post conceptionem factam, delata, inibi securè hospitatur et calore benignissimo fovetur, donec ætate denique provectior, satisque incremento matura evaserit?

5. Annon ex supra narratis occasio suspicandi datur, naturæ legibus ita comparatum esse, ut foetui, ex assueto situ dilapso, sat nutrimenti dispensari possit, haud multo aliter quàm plantarum seminibus non rarò contingere videmus, quæ in solis etiam parùm accommodis radices agere et vigescere solent?

6. Nonne supradicta historia naturam ad procreationem promovendam quàm maximè proclivem ostendit, quæ ad nutrimentum necessarium ovo foecundato jamjam sobolescenti, vasorum etiam beneficio quæ aliis prorsùs officiis primitùs fuerunt dicata, suppeditandum sese accingit?



# TABULÆ EXPLICATÆ.

## T A B. I.

- A. Peritonæum cum musculis et integumentis abdominis reversis.
- B. Vesica urinaria sub peritonæo visa.
- C. Hepatis lobus dexter.
- D. Hepatis lobus sinister.
- E. Intestinum colon.
- F. Uterus.
- G. Tuberculum minutulum ex uteri fundo prominens.
- H. Tuberculum grandiusculum superius et anteriùs ex ipso uteri corpore prominens.
- I. Ligamentum teres dextrum.
- K. Ligamentum teres sinistrum.
- L. Tuba Fallopiana dextra.
- M. Saccus, in quo fœtus inclusus latebat.
- N. Pars sacci superior, utpote membranaceor, vi fluidi inclusi, ad modum vesiculæ, protrusa.
- O. Tuba Fallopiana sinistra, quæ ab hoc uteri latere basin membranaceoris sacci partis circumeundo ad dextrum ejus latus trajiciebat.

## T A B. II.

- A. Peritonæum cum musculis et integumentis abdominis reversis.
- B. Hepatis lobus dexter.
- C. Hepatis lobus sinister.
- D. Intestinum colon.
- E. Omentum.
- F. Intestina minora in latus dextrum retracta.
- G. Uterus cum appendiculis ejusdem in pubem reflexis.
- H. Tuberculum minutulum ex uteri fundo prominens.
- I. Tuberculum grandiusculum ex anteriore corporis uteri parte prominens.
- K. Saccus, in quo fœtus inclusus latebat.
- L. Pars sacci superior, utpote membranaceor, vi fluidi inclusi, ad modum vesiculæ, protrusa.
- a. Ligamentum teres dextrum.
- b. Tuba Fallopiana dextra.

## T A B. III.

- A. B. C. D. E. F. perinde sunt ac in Tab. II.
- G. Uterus in pubem reflexus, ut fœtus conspici possit, quo interposito tuberculum grandiusculum occultatur.
- H. Ligamentum latum, tubaque Fallopiana latus dextrum versus.
- I. Tuberculum minutulum ex uteri fundo prominens.
- K. Fœtus in situ.
- L. Portiones sacci aperti reflexæ, ut fœtus exhibeatur in situ.
- M. Portiuncula parvula partis superioris extremæ placentæ.

## T A B. IV.

### FIG. I.

- a. Corpus uteri cum tuberculo minutulo ex eodem excrescente.
- b. Tuberculum grandiusculum ex anteriore uteri parte excrescens.
- c. c. c. c. Vesica urinaria peritonæo cooperta.
- d. Pars vesicæ urinariæ inferior peritonæo non cooperta.
- e. Ligamentum teres latus dextrum versus.
- f. f. Ligamentum latum, tubaque Fallopiana latus dextrum versus.
- g. Ovarii situs dextrum latus versus.

### FIG. II

*Exhibet uterum incisum, cum divisis partibus reflexis.*

- a. Uterus internus cum membranâ deciduâ in superiore parte ejusdem visâ.
- b. b. Divisæ partes reflexæ, ut uterus internus conspici possit.
- c. c. Tuberculum grandiusculum per dimidium incisum, cum divisis partibus reflexis.
- d. Vesica urinaria.
- e. Ligamentum teres latus dextrum versus.

## CORRIGENDA.

- Pag. 4. lin. 16. *Pro* qui, ex discolore lineâ transversim currente, bipartitò &c. *lege* qui, ex discolore lineâ transversim per externam ejus superficiem currente, septum, secundum hujusce lineæ tractum, subtùs interpositum quasi indicante, bipartitò &c.
- Pag. 5. lin. 6. *Pro* mentum ejus, sine maxilla *lege* mentum ejus, sive maxilla.

\* \* The Author, in compliance with the solicitations of many of his Friends, as well as with a view to the Pupils who attend his Lectures in Midwifery, has been induced to subjoin an English copy of the Case ; which, however, will not altogether be found to coincide verbatim with the Latin, as a punctilious attention to literal nicety, in a work of this kind, it is presumed, will hardly be thought necessary.



THE  
HISTORY OF A CASE  
OF  
EXTRA-UTERINE CONCEPTION.

WITH  
INDUCTIONS AND QUERIES.

ILLUSTRATED WITH  
ENGRAVINGS,  
AND  
EXPLANATORY OUTLINES.

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BY  
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MIDDLESEX HOSPITAL.

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TO THE  
ROYAL COLLEGE OF PHYSICIANS  
IN LONDON,  
THE FOLLOWING PUBLICATION,  
AS  
A TRIFLING TESTIMONY OF RESPECT  
FOR  
THAT LEARNED BODY,  
IS MOST HUMBLY INSCRIBED  
BY THE  
AUTHOR.





## INTRODUCTION.

THE following case is offered to the consideration of the public, as it presents a curious and remarkable instance of conception taking place in a part entirely distinct from the cavity of the uterus. Although it will, perhaps, be impossible from hence to deduce any rules which may, with certainty, enable us to distinguish a similar situation of the foetus ; or, could that even be effected, to lay down a plan of practice capable of saving the life either of the mother or child : yet every such remarkable example of the deviation of Nature from her usual course ought certainly to be recorded, as it may possibly tend to throw some light on one of the most obscure functions of the animal œconomy.

## THE HISTORY OF THE CASE.

ANN THORNLEY, (the particulars of whose history, as far as they relate to the present subject, we shall now proceed to mention) was upwards of thirty years of age, rather low in stature, of a somewhat delicate constitution, and the wife of a mechanic. She had been pregnant, and suffered an abortion about the tenth week, in the month of April, 1787, having never before been with child. From that time she had continued unhealthy, being afflicted with a cough and other complaints, which seemed to arise from debility ; such as indigestion, loss of appetite, and a sense of coldness in the extremities and abdominal viscera. She was also subject to restlessness and delirium in the night, and, though she had slumbers during the day, they were not refreshing. She attributed her bad health to the want of nourishment, and

such assistance as her situation required. Her menses had continued regular, but, as she observed, of an unusual colour, till the beginning of the year 1790. In the month of May of that year, not having menstruated for some time, she began to suspect that she was with child, and her health becoming in other respects worse, she applied for assistance at St. George's Hospital, where she was admitted on the second day of June; which, however, at her own particular desire, she quitted on the sixteenth day of the same month. After her return home, she was advised to apply a strong fomentation of camomile flowers and hemlock to the abdomen, as hot as she could bear it. From this she experienced some degree of relief, while it continued warm, but as the parts became cold, her usual sensations of pain and chilliness returned.

On Wednesday the eighteenth day of August she was admitted a patient of the Middlesex Hospital. Her principal complaints at that time were, a suppression of urine, costiveness, and a sense of weight, pain, and fulness about the lower part of the abdomen. Her pulse was quick, her skin hot and dry, the tongue white, and she complained of thirst. The suppression of urine was relieved by the catheter; her body was kept open by clysters; cooling medicines and opiates were administered, and she was desired to keep, as much as possible, in a recumbent posture. These means afforded considerable relief, and she was, in a few days, enabled to pass her urine without assistance.

Applying my hand, at this period, to the abdomen, I easily perceived a very sensible enlargement, extending as high as the umbilicus, but evidently differing from that circumscribed, defined species of tumor, which usually occurs at that advanced period of pregnancy, to which, by her own account, she had then arrived. The abdomen felt very tense, firm, and hard, especially towards the left side. In the umbilical region the tumor yielded to pressure, clearly indicating the presence of a fluid there contained.

On my endeavouring to examine *per vaginam*, I found that passage elongated, and the posterior part pressed so closely upon the os pubis, as effec-



tually to deprive me of being able to reach the cervix uteri, the slightest endeavours occasioning extreme pain. Turning my attention towards the os sacrum, I perceived a hard circumscribed tumor, bearing much upon the perinæum, apparently immoveable, at least not yielding to any pressure, which (considering the degree of morbid irritability the parts had acquired) I thought it prudent to apply.

At this time, the woman supposed herself to be in the seventh month of pregnancy, but, during the preceding ten weeks, she had never perceived the child to move, though, previous to that time, its motions had evidently proved it to be alive. Her breasts, which formerly were plump and full, were now become small and flaccid; the circle round the areolæ appeared of a very dark brown colour, similar to that of a primipara. From all these circumstances taken collectively, and supposing that she might be deceived with regard to her time of gestation, I must acknowledge, that, although unable to account for some appearances, I supposed this to be a case of retroverted uterus.

Saturday the twenty-eighth, the last day on which I examined her, the tumor was changed, from its former round shape, rather to that of an oval. The pressure on the perinæum, which she compared to bearing-down pains, was now become extremely severe; and her pulse was accelerated to 150 strokes in a minute. Under such circumstances it was evident, that she could not long survive. On the Monday following, about ten o'clock in the morning, she died; and in the evening of the same day the body was examined.

## APPEARANCES ON DISSECTION.

ON opening the abdomen, a considerable quantity of a bloody fluid gushed out. The intestines, from the effusion of coagulable lymph on their surface, seemed universally to adhere. There was a small tubercular excrescence on the fundus, and a large one on the upper and anterior part of the body of the uterus. The uterus, which was somewhat enlarged, was

observed to reach as high as the umbilicus, and its internal surface was evidently covered with the membrana decidua.

There was a kind of sac, across which a streak, of a lighter colour than the rest, was seen to pass ; which circumstance led to a suspicion that it was divided within by a septum, in the direction of this transverse line, into two cavities. The omentum was firmly united to the contiguous viscera, and to the tubercle which presented itself on the anterior part of the uterus. The above appearances will be better and more readily understood by inspecting Plate I. and Outline. The round and broad ligaments, on the right side, were very conspicuous, and in a natural state. The ovarium on this side was with difficulty ascertained, and, when found, was observed to be of a smaller size than usual. On the left side of the uterus, the ligaments were more obscure ; but on this side, the Fallopian tube was easily traced across the upper and posterior part of the sac, stretching towards the right side of the sac, on which it was gradually lost. After the most accurate search we could find no vestige of the left ovarium. The urinary bladder was quite empty.

On cutting into the upper part of the sac, (which assumed a darker colour than the rest, and, from being also thinner, was pushed out into a bladder-like appearance, as represented in Plate II. and Outline) a small quantity of a bloody fluid escaped. The opening being enlarged, the sac, notwithstanding the appearance mentioned above, was discovered to form but one cavity, and a foetus, about the age of seven months, presented itself to our view. The back part of the head lay towards the left ileum of the mother. The chin, or lower jaw, was observed to be elongated, and was wedged between the os sacrum and pubis. The nates lay facing the right ileum, and the feet pointed downward, towards the vagina. The hand lay along the lower part of the maxilla of the right side of the face, with the fingers extending to the back part of the ear ; as may be seen by viewing Plate III. and the Outline.

The foetus was a female, and weighed about four pounds and a half *Avoir-du-pois*. The cuticle was remarkably white, and was covered with a thick,



white, sebaceous substance. No distinct membranes could be traced in the sac containing the foetus, except in one small part ; every where else, it appeared to be of one uniform texture of considerable thickness. A small portion of the edge of the placenta appeared under the nates, near the brim of the pelvis. The placenta was uncommonly large, and was principally situated in the cavity of the sacrum. The vessels, by which the foetus was connected with the maternal system, were so exceedingly small and few in number, as to excite very great surprise, how an adequate share of nourishment could be conveyed to enable the foetus to acquire such a size.

The large tubercular excrescence, which appeared on the fore part of the body of the uterus, (as represented in Plate I. II. IV. and Outlines) was not found, on examination, to be hollow, but of the same texture apparently with the uterus itself.

Some of those, who were present at the dissection, thought the spermatic arteries were enlarged ; but, as others were of a different opinion, it may be presumed, that they were not, at least, very much altered from their natural appearance.

## GENERAL INDUCTIONS.

As there was no appearance of any rupture in the uterus, nor, after the most accurate search, any vestige of the left ovarium that could be discovered, it seems fair to conclude, that, in this instance, the ovum had been impregnated without having been detached from the ovarium : and, that the sac, in which the foetus was found, was, in fact, the ovarium enlarged and thickened to that extraordinary bulk, (probably by some process similar to what takes place in the gravid uterus) which, in consequence of its enlargement, dragged up the uterus to the situation, in which it was found.

The uterus itself was enlarged, and its internal surface evidently covered with the membrana decidua, which accords with the opinion of the late

Dr. William Hunter, who supposed the decidua to be a production entirely formed by the maternal part of the puerperal organs, and that, when conception had taken place in any part of the uterine system, there was an evolution of the decidua, and a consequent enlargement of the uterus.

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N. B. Having related every material circumstance that occurred in the present case, I shall not presume to anticipate those conclusions, which every man of information and judgment will draw from it for himself: but shall conclude with observing, that this is one of those uncommon deviations from the laws of the animal œconomy, where Nature is not able to correct her own error, but either the death of the mother must necessarily ensue, which actually took place in this instance, or that of the child, which has often happened, where the foetus has been evacuated, after a very considerable period of time, through an ulcer in the umbilicus or rectum.

Although I do not mean to found any theory on the above case, yet I shall avail myself of the opportunity of suggesting a few Queries, which may possibly lead to a more ample and minute investigation of the curious and important subject of generation.

## QUERIES.

1. Do many cases similar to this occur in the brute creation? and, if so, in what species of animals have they been found, and in which of them most frequently?

2. Is there any instance on record, where a foetus, equal in size to this, has been found in the ovarium?

3. Provided a case, with similar symptoms, should occur, (taking it for granted, that the child must inevitably perish, and, in all probability, the



mother likewise, unless some possible means could be devised to prevent their fatality) should we not, under such circumstances, be warranted in attempting to extract the foetus, by making an incision into the ovarium ?

4. Have we not, from this and other cases, where the foetus has been found in the ovarium, data fully sufficient to conclude, that conception takes place there, and that the uterus is afterwards a sort of receptacle or repository, merely calculated to afford proper warmth and security to the foetus, until it has completed its due growth, and arrived at maturity ?

5. Are we not led to suspect, from this and similar cases, that there is a provision in the œconomy of Nature, by which she is enabled to accommodate the foetus to the local inconveniences of its situation, and to effect an adequate supply of nourishment for its subsequent growth, in a manner somewhat analogous to that, by which the seed of a plant is not unfrequently seen to take root in a soil, which is very ill adapted to its vegetation ?

6. Does not this case strongly indicate a propensity in Nature to promote fecundity, by affording to the impregnated ovum or embryo, through some extraordinary resource, the future means of nourishment, even by vessels not destined originally for that purpose ?





## EXPLANATION OF THE PLATES.

### T A B. I.

- A. The peritonæum with the abdominal muscles and integuments turned aside.
- B. The urinary bladder appearing under the peritonæum.
- C. The right lobe of the liver.
- D. The left lobe of the liver.
- E. The intestinum colon.
- F. The uterus.
- G. A small tubercular excrescence on the fundus of the uterus.
- H. A large tubercular excrescence apparent on the superior and anterior part of the body of the uterus.
- I. The right round ligament.
- K. The left round ligament.
- L. The right Fallopian tube.
- M. The sac, that contained the fœtus.
- N. The upper part of the sac, which, being of a thinner texture than the rest, was pushed out by the contained fluid into a bladder-like appearance.
- O. The left Fallopian tube, which, from this side of the uterus, ran round the basis of the thinner part of the sac over to the right side.

### T A B. II.

- A. The peritonæum with the abdominal muscles and integuments turned aside.
- B. The right lobe of the liver.
- C. The left lobe of the liver.
- D. The colon.
- E. The omentum.
- F. The small intestines turned to the right side.
- G. The uterus, with its appendages, turned over the pubis.
- H. The small tubercular excrescence on the fundus uteri.
- I. The large tubercular excrescence on the fore part of the body of the uterus.
- K. The sac that contained the fœtus.
- L. The upper and thinner part of the sac pushed out by the contained fluid into a bladder-like appearance.
- a. The right round ligament.
- b. The right Fallopian tube.

### T A B. III.

- A. B. C. D. E. F. The same as in the II<sup>d</sup>. Table.
- G. The uterus turned downwards over the pubis to discover the fœtus, by which the large tubercular excrescence is hid.
- H. The broad ligament and Fallopian tube of the right side.
- I. The small tubercular excrescence on the fundus uteri.
- K. The fœtus in situ.
- L. Portions of the opened sac turned aside to shew the fœtus in situ.
- M. A small portion of the upper edge of the placenta.

### T A B. IV.

#### FIG. I.

- a. The body of the uterus, with the small tubercular excrescence on the fundus.
- b. The large tubercular excrescence on the fore part of the uterus.
- c. c. c. c. The bladder covered by the peritonæum.
- d. The lower part of the bladder not covered by the peritonæum.
- e. The round ligament of the right side.
- f. f. The broad ligament and Fallopian tube of the right side.
- g. The situation of the ovary of the right side.

#### FIG. II.

*The uterus laid open, with the two divided edges turned aside.*

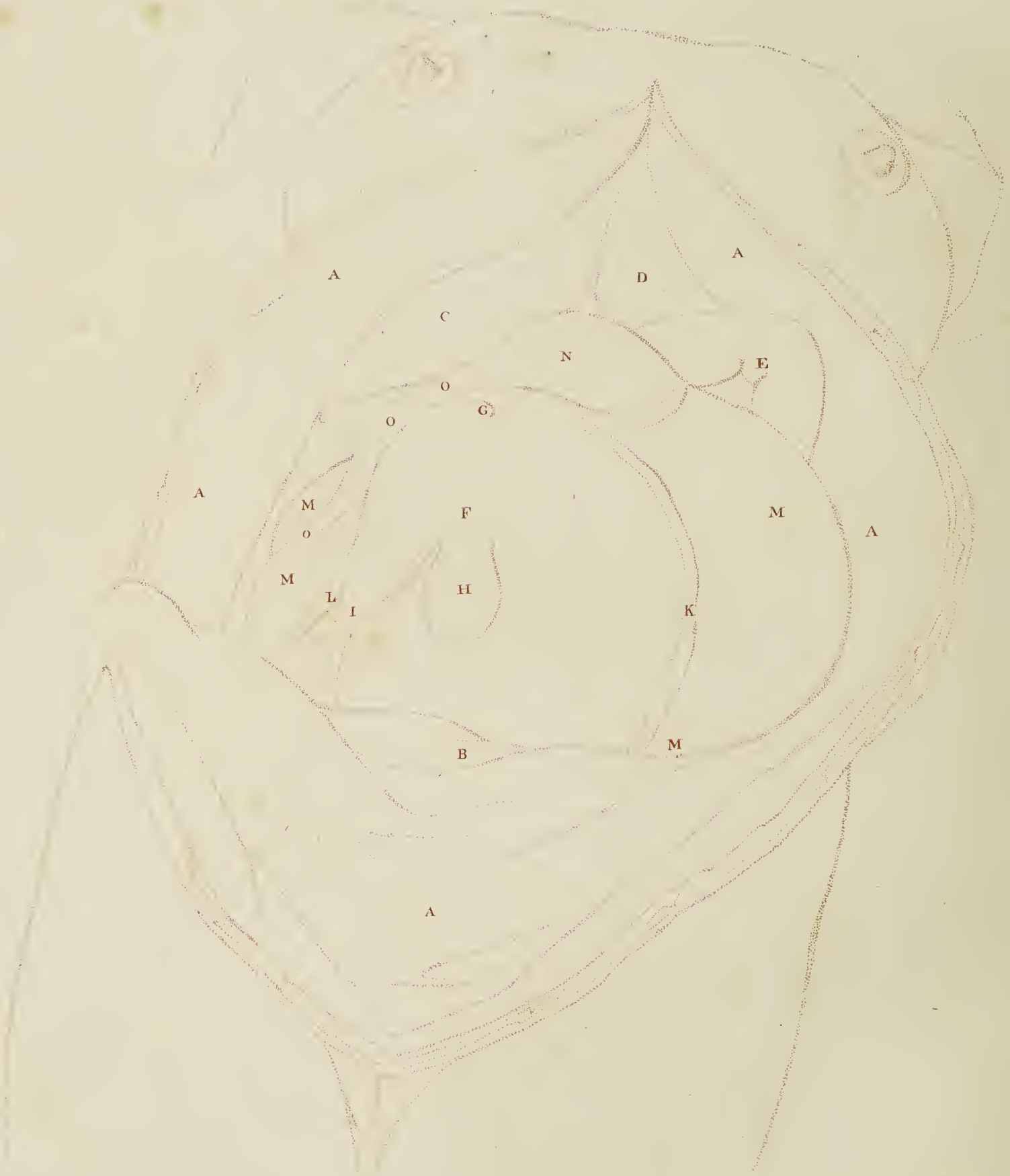
- a. The inside of the uterus, with the membrana decidua exhibited in its upper part.
- b. b. The divided edges turned aside to allow the inside to be seen.
- c. c. The large tubercular excrescence cut through down the middle, and the two halves turned aside.
- d. The bladder.
- e. The round ligament of the right side.







Tab. I.



Published as the Act directs by Dr Henry Knehn Junr 1796.





*Thyroid Gland in situ.*

*Fig. 1.*

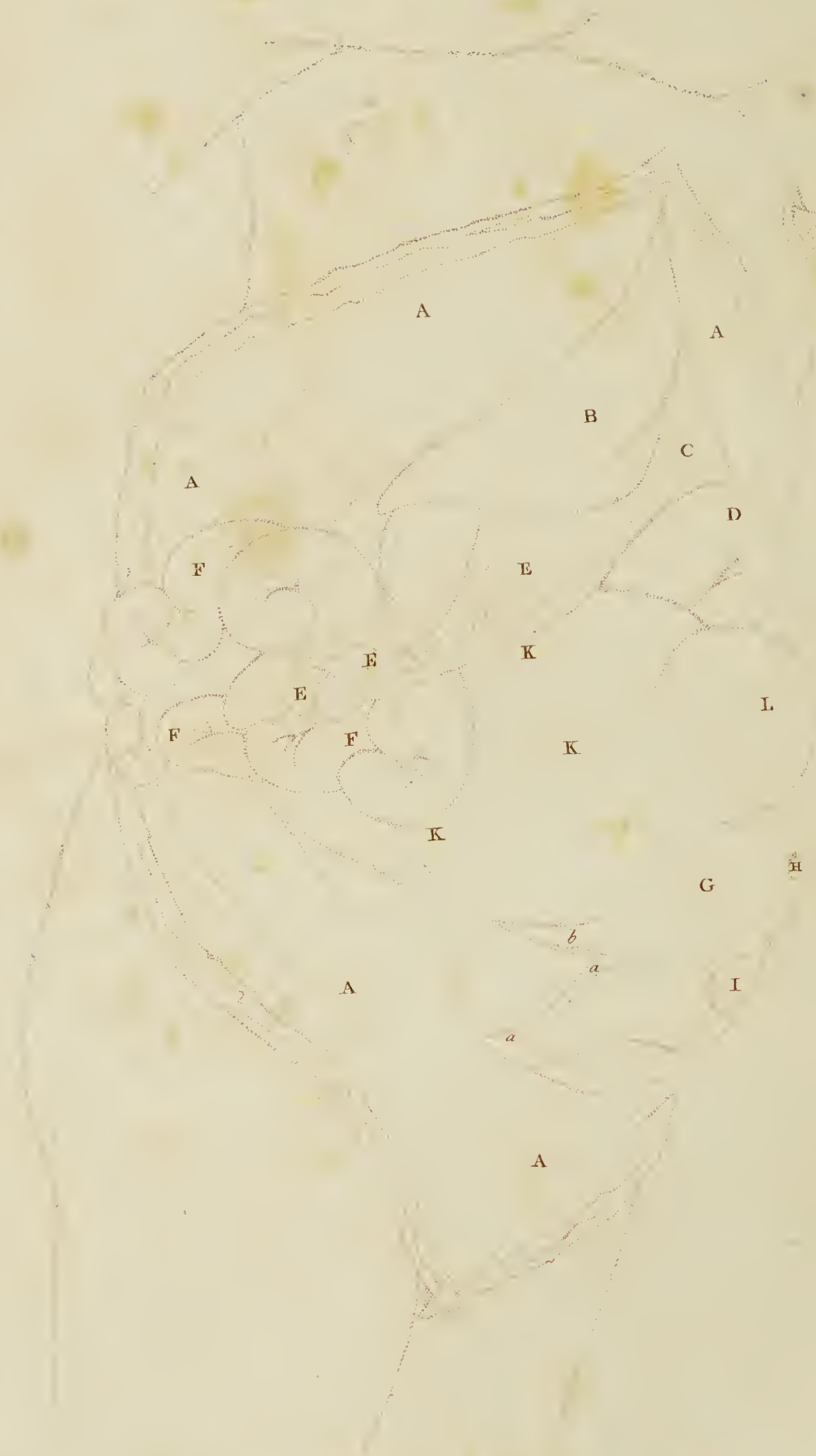
*Dissection of the Larynx.*



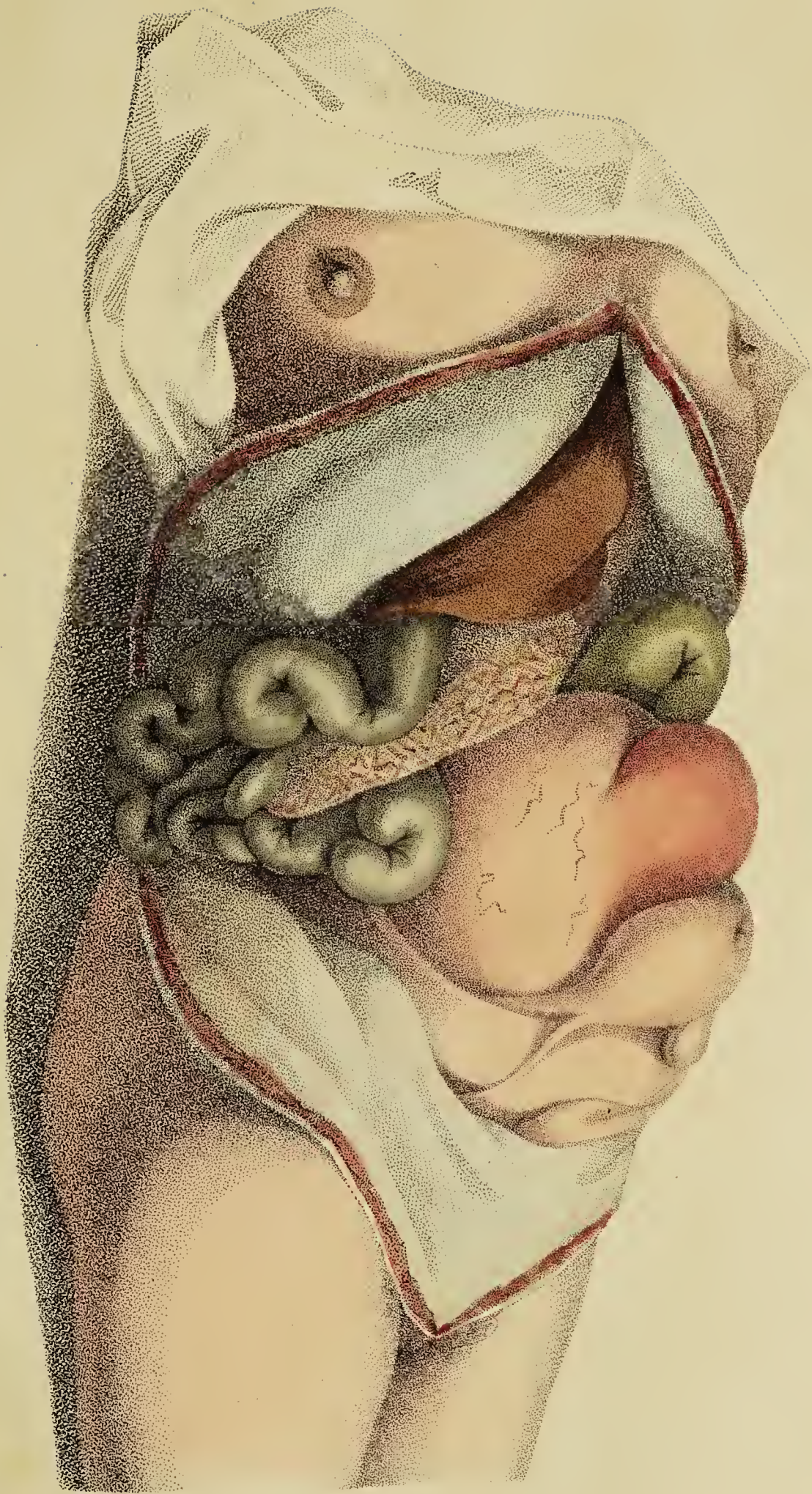












Henry Chalton sculpsit.

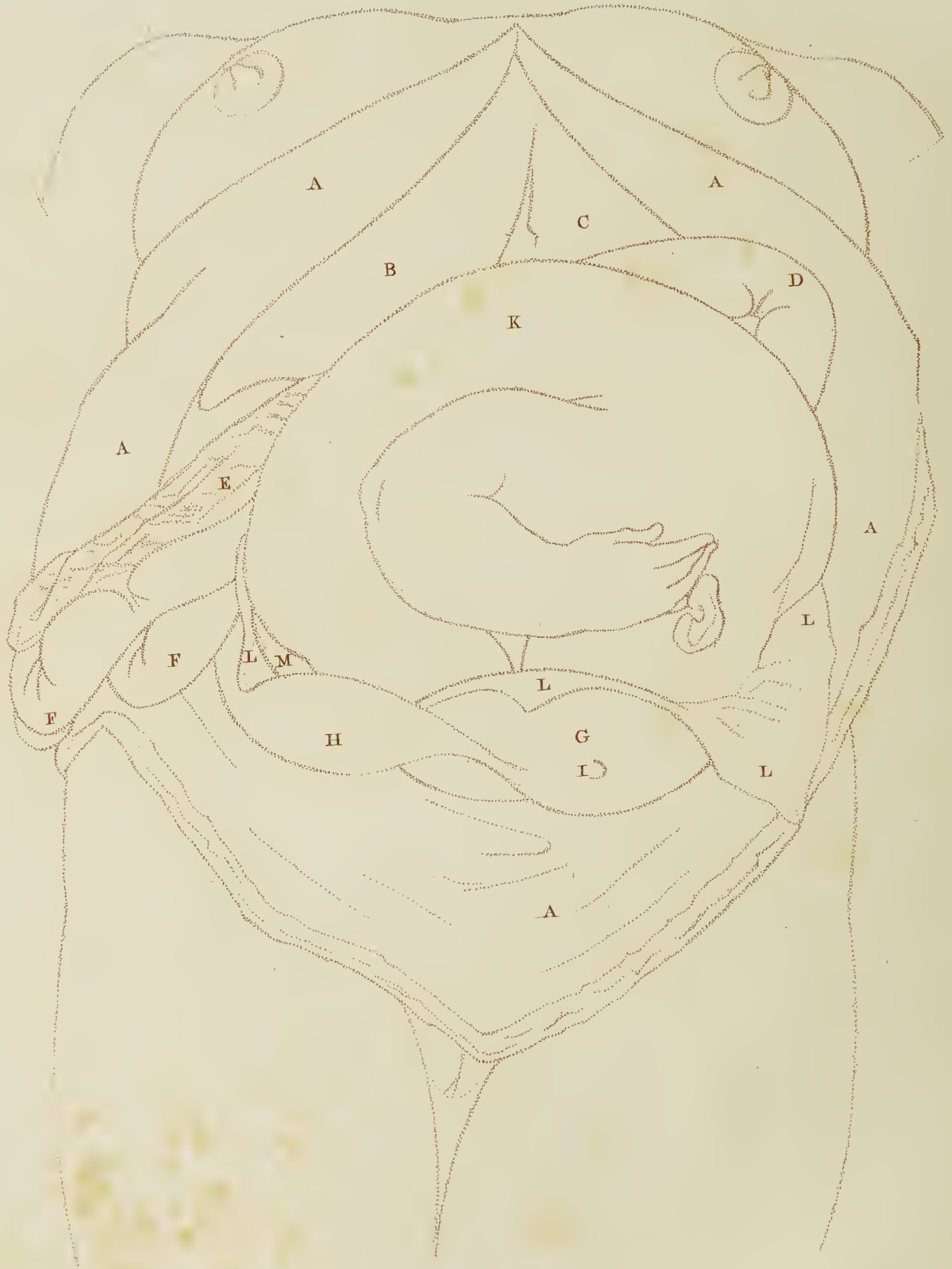
J. Smith del.

Publisch'd as the Act directs, by D.<sup>r</sup> Henry Kohn, Jan.<sup>y</sup> 1791.













*Henry Chalon ad vivum delin.*

*B. Duterrau sculpsit.*

*Published as the Act directs by D.<sup>r</sup> Henry Krohn Jan.<sup>r</sup> 1791.*







Fig. 2.

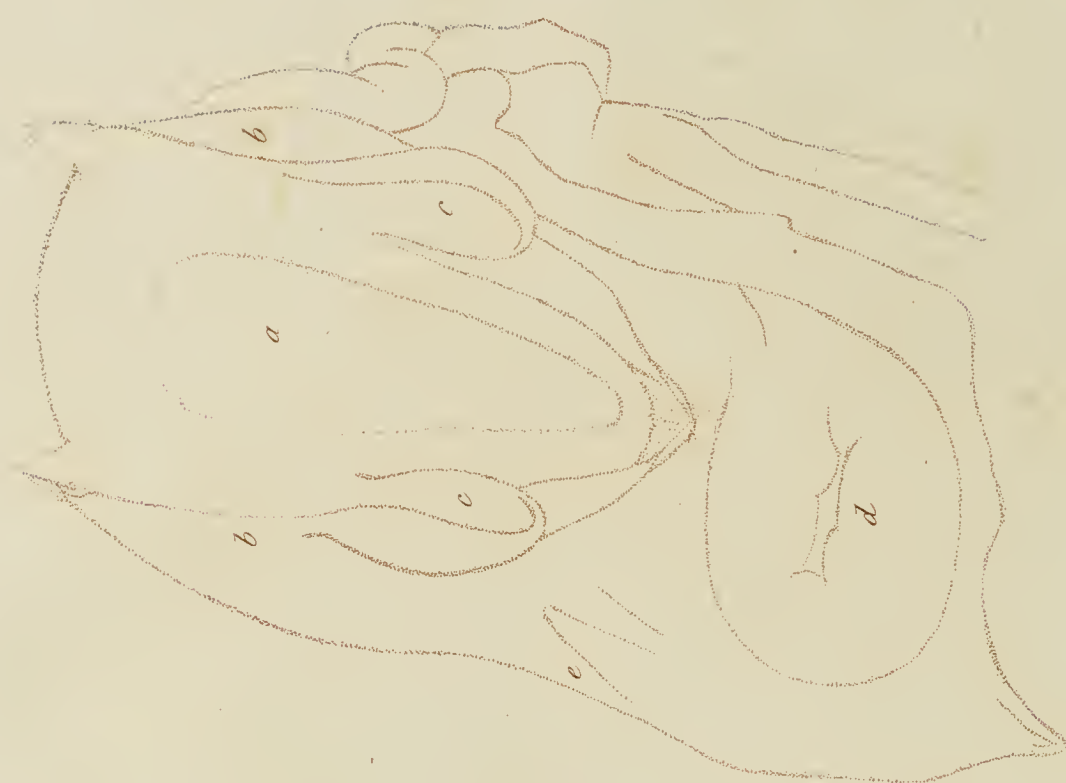


Fig. 1.



Henry Chalon ad vivum delin!

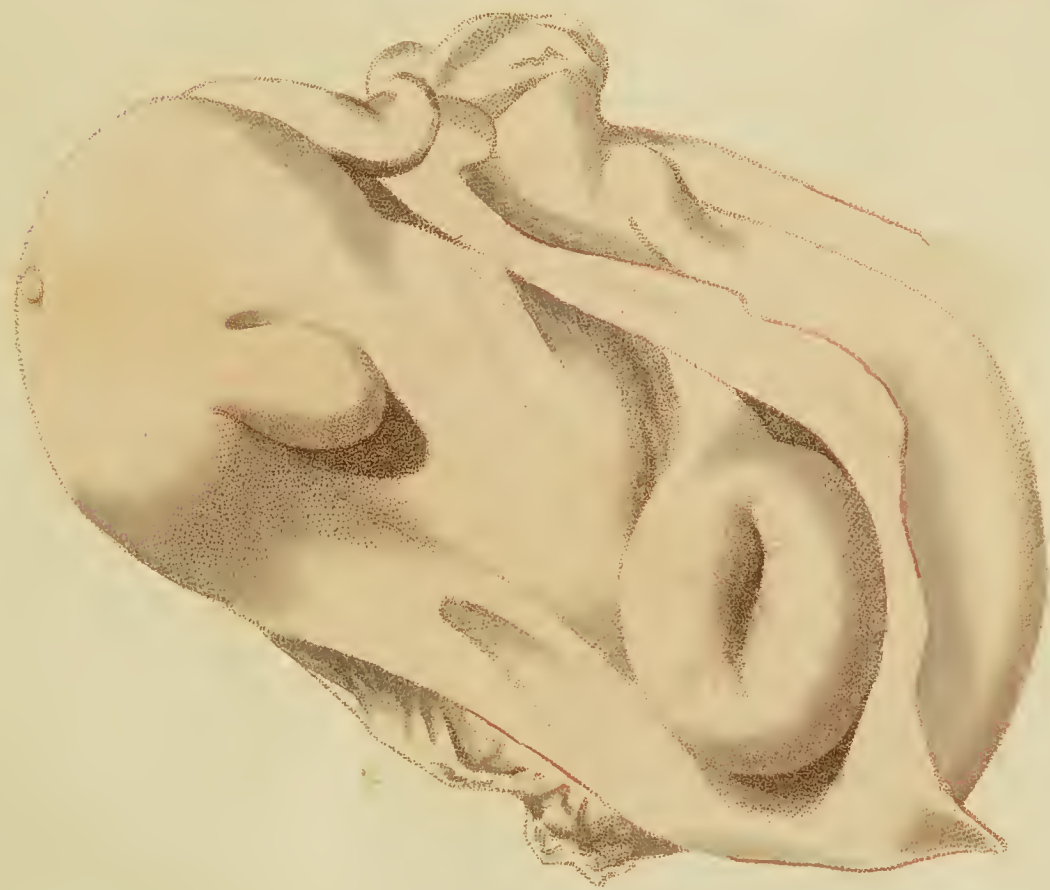
H. C. C. sculp!



*Fig. 2*



*Fig. 1.*



*Henry Charlon ad vivum del.*

*J. B. Falernus sculp.*























